

Fill in this information to identify the case:

Debtor name CLAYTON KENDRICK, INC.  
United States Bankruptcy Court for the: WESTERN District of WASH.  
Case number (If known): 24-12597  
(State)

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*.....

\$ 0

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$ 278,650

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$ 278,650

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$ 50,000

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$ 0

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$ 893,908

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$ 943,908

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## Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**\$ 22,500**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. _____	_____	____ _	\$ _____
3.2. _____	_____	____ _	\$ _____

**4. Other cash equivalents (Identify all)**

4.1. _____	\$ _____
4.2. _____	\$ _____

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 22,500**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes. Fill in the information below.

**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	
7.1. <u>ADVANCE FEE DEPOSIT, LAW OFFICES OF CHRISTOPHER L. YOUNG PLLC</u>	\$ <u>3,000</u>
7.2. _____	\$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. \$

8.2. \$

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 3,000

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less:      -      = ..... →      \$

face amount      doubtful or uncollectible accounts

11b. Over 90 days old:      -      = ..... →      \$

face amount      doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. \$

14.2. \$

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:      % of ownership:

15.1. % \$

15.2. % \$

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. \$

16.2. \$

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials ACME	10/11/2024 MM / DD / YYYY	\$ 11,250	EST.	\$ 11,250
20. Work in progress	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale	MM / DD / YYYY	\$		\$
22. Other inventory or supplies AMAZON	10/11/2024 MM / DD / YYYY	\$ 100,000	EST.	\$ 100,000
23. Total of Part 5				\$ 111,250

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)	\$		\$
31. Farm and fishing supplies, chemicals, and feed	\$		\$
32. Other farming and fishing-related property not already listed in Part 6	\$		\$

## 33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

## 34. Is the debtor a member of an agricultural cooperative?

☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes

## 35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☐ No☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

## 36. Is a depreciation schedule available for any of the property listed in Part 6?

☐ No☐ Yes

## 37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**

## 38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
_____	\$ 0	FULLY DEPRECIATED	\$ 500
40. Office fixtures			
_____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
_____	\$ 0	FULLY DEPRECIATED	\$ 100
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 PAINTINGS	\$ _____	_____	\$ 1300
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

## 43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 1900

## 44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No☒ Yes

## 45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No☐ Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
PACKAGING EQUIP. _____	\$ 30,000	AEK PACKAGING CONSIGN _____	\$ 30,000
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			\$ 30,000

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
- ☒ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☐ No
- ☒ Yes

**Part 9: Real property**

## 54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

## 55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

## 56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ \_\_\_\_\_

## 57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☐ Yes

## 58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

**Part 10: Intangibles and intellectual property**

## 59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	ESTIMATE	\$ 100,000
61. Internet domain names and websites _____	\$ _____	ESTIMATE	\$ 10,000
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____

## 66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 110,000

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No  
☒ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ — \_\_\_\_\_ = → \$ \_\_\_\_\_  
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ \_\_\_\_\_

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ 22,500	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ 3,000	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ 111,250	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ 1,900	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ 30,000	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> ..... →		\$
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ 110,000	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$	
91. <b>Total.</b> Add lines 80 through 90 for each column..... 91a.	\$ 278,650	+ 91b. \$
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$ 278,650

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United States Bankruptcy Court for the: WESTERN District of WASH.  
(State)  
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☐ Check if this is an amended filing

**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☐ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

<b>2.1</b>	<b>Creditor's name</b> <u>AMAZON.COM</u>	<b>Describe debtor's property that is subject to a lien</b> <u>INVENTORY</u>	<b>Amount of claim</b> \$ <u>50000</u>	<b>Value of collateral that supports this claim</b> \$ <u>100,000</u>
	<b>Creditor's mailing address</b> <u>PO BOX 80683</u> <u>SEATTLE WA 98108</u>	<b>Describe the lien</b> _____		
	<b>Creditor's email address, if known</b> _____	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b> _____	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	<b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____ _____			
<b>2.2</b>	<b>Creditor's name</b> _____	<b>Describe debtor's property that is subject to a lien</b> _____	<b>Amount of claim</b> \$ _____	<b>Value of collateral that supports this claim</b> \$ _____
	<b>Creditor's mailing address</b> _____ _____	<b>Describe the lien</b> _____		
	<b>Creditor's email address, if known</b> _____	<b>Is the creditor an insider or related party?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b> _____	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	<b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
<b>3.</b>	<b>Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b>			\$ <u>50000</u>

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Debtor CLAYTON KENDRICK, INC.

United States Bankruptcy Court for the: WESTERN District of WASH.  
(State)

Case number 24-12597  
(If known)

☐ Check if this is an amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

**2.1** Priority creditor's name and mailing address**Total claim****Priority amount**

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.2** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.3** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b> Nonpriority creditor's name and mailing address ACME DISTRIBUTION  PO BOX 17729 DENVER CO 80217  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 4,950 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: INVENTORY  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.2</b> Nonpriority creditor's name and mailing address ADAM & BROOKS INC.  4345 HALLMARK PKWY SAN BERNADINO CA 92407  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 16,216 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: INVENTORY  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.3</b> Nonpriority creditor's name and mailing address ALBANESE CONFECTIONARY GROUP INC.  PO BOX 71885 CHICAGO IL 60694-1885  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ \$6,291 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: INVENTORY  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.4</b> Nonpriority creditor's name and mailing address ALLIANCE PACKAGING  PO BOX 749702 LOS ANGELES CA 90074-9702  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 38,523 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.5</b> Nonpriority creditor's name and mailing address ANDRE PROST INC.  PO BOX 835 OLD SAYBROOK CT 06475  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 4,672 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
<b>3.6</b> Nonpriority creditor's name and mailing address ATKINSON CANDY CO.  PO BOX 150220 LUFKIN TX 75915-0220  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 21,265 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: INVENTORY  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

37	Nonpriority creditor's name and mailing address AWAKE CORPORATION  PO BOX 93885 CLEVELAND OH 44101-5885  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 3,630 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
38	Nonpriority creditor's name and mailing address BC IMPORTS INC.  3007 38TH ST SE PUYALLUP WA 98374  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 14,826 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
39	Nonpriority creditor's name and mailing address BELGIUM BEST - NIRVANA CHOCOLATE  480 ADAMS ST STE 202 MILTON MA 02186  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 56,820 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
310	Nonpriority creditor's name and mailing address BROTHERS TRADING  PO BOX 2234 SAN GABRIEL CA 91778  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 4,850 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
311	Nonpriority creditor's name and mailing address CHICAGO IMPORTING CO. INC.  11200 E MAIN ST HUNTELY IL 60142-7369  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 27,324 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.1 **2** Nonpriority creditor's name and mailing address

CLIF BAR &amp; CO.

PO BOX 742065

LOS ANGELES CA 90074-2065

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed  
☐ Liquidated and neither contingent nor disputed

\$ 7,741

Basis for the claim: INVENTORY

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No  
☒ Yes

3.1 **3** Nonpriority creditor's name and mailing address

COLAVITA USA LLC

1 RUNYONS LANE

EDISON NJ 08817

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 3,523

Basis for the claim: INVENTORY

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No  
☐ Yes

3.1 **4** Nonpriority creditor's name and mailing address

COMFORT SYSTEMS USA INC.

17683 128 TH PL NE

WOODINVILLE WA 98072

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 592

Basis for the claim: INVENTORY

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No  
☐ Yes

3.1 **5** Nonpriority creditor's name and mailing address

DAPRANO &amp; CO.

PO BOX 1312

PINEVILLE NC 28134-0030

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

\$ 7,796

Basis for the claim: INVENTORY

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No  
☒ Yes

3.1 **16** Nonpriority creditor's name and mailing address

DL DISTRIBUTIONS LLC

PO BOX 829897

PHILADELPHIA PA 19182-9897

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

\$ 4,798

Basis for the claim: INVENTORY

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No  
☒ Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

31 ☒ 7 Nonpriority creditor's name and mailing address  
DORVAL TRADING CO LTD INC.  
PO BOX 620  
NANUET NY 10954  
Date or dates debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: \$ 6,764  
Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ Liquidated and neither contingent nor disputed  
Basis for the claim: INVENTORY  
Is the claim subject to offset?  
☐ No  
☐ Yes

31 ☒ 8 Nonpriority creditor's name and mailing address  
EMPIRE INTERNATIONAL - AP  
1351 E CHEIF PRIVADO  
ONTARIO CA 91761  
Date or dates debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: \$ 25,325  
Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
Basis for the claim: INVENTORY  
Is the claim subject to offset?  
☐ No  
☒ Yes

☒ 3-19 Nonpriority creditor's name and mailing address  
EURO AMERICA BRANDS  
95 STATE RTE 17 STE 314  
PARAMUS NJ 07652  
Date or dates debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: \$ 75,010  
Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
Basis for the claim: INVENTORY  
Is the claim subject to offset?  
☐ No  
☒ Yes

31 ☒ 20 Nonpriority creditor's name and mailing address  
FERRERO USA INC.  
26034 NETWORK PL  
CHICAGO IL 60673-1260  
Date or dates debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: \$ 13,402  
Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
Basis for the claim: INVENTORY  
Is the claim subject to offset?  
☐ No  
☒ Yes

☒ 3-21 Nonpriority creditor's name and mailing address  
FOREIGN CANDY CO. INC.  
ONE FOREIGN CANDY DR  
HULL IA 51239  
Date or dates debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: \$ 14,222  
Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: INVENTORY  
Is the claim subject to offset?  
☐ No  
☐ Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>32 <b>2</b> Nonpriority creditor's name and mailing address</p> <p>FUSION GOURMET</p> <p>690 W MANVILLE ST</p> <p>RANCHO DOMINGO CA 90220</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 6,684</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: INVENTORY</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>32 <b>3</b> Nonpriority creditor's name and mailing address</p> <p>GERRIT J VERBURG CO.</p> <p>12238 GERMANY RD</p> <p>FENTON MI 48430</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 55,723</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: INVENTORY</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p>
<p>32 <b>4</b> Nonpriority creditor's name and mailing address</p> <p>GOLDEN WEST SPECIALTY FOODS INC.</p> <p>300 INDUSTRIAL WAY</p> <p>BRISBANE CA 94005</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 2,827</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: INVENTORY</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>32 <b>5</b> Nonpriority creditor's name and mailing address</p> <p>GUARDIAN SECURITY</p> <p>1743 1ST AVE S</p> <p>SEATTLE WA 98134</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 324</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: SERVICES</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>32 <b>6</b> Nonpriority creditor's name and mailing address</p> <p>IMPACT CONFECTIONS INC.</p> <p>4017 WHITNEY ST</p> <p>JANESVILLE WI 53546</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 4,612</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: INVENTORY</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3-27  <input checked="" type="checkbox"/> Nonpriority creditor's name and mailing address  <u>INDIA TREE INC.</u>  <u>5309 SHILSHOLE AVE NW STE 150</u>  <u>SEATTLE WA 98107</u></p> <p>Date or dates debt was incurred _____            Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>5,002</u>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed  <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>INVENTORY</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
<p>3-28  <input checked="" type="checkbox"/> Nonpriority creditor's name and mailing address  <u>JANET PREHN</u>  <u>11910 W 76TH DR</u>  <u>ARVADA CO 80005</u></p> <p>Date or dates debt was incurred _____            Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>207,125</u>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>MONIES LENT</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
<p>3-29  <input checked="" type="checkbox"/> Nonpriority creditor's name and mailing address  <u>JDW DISTRIBUTORS (EVERTON)</u>  <u>PO BOX 681</u>  <u>ORANGE CA 92856</u></p> <p>Date or dates debt was incurred _____            Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>588</u>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>INVENTORY</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
<p>3-30  <input checked="" type="checkbox"/> Nonpriority creditor's name and mailing address  <u>JELLY BELLY CANDY CO.</u>  <u>PO BOX 742799</u>  <u>LOS ANGELES CA 90074-2799</u></p> <p>Date or dates debt was incurred _____            Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>18,345</u>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>INVENTORY</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>
<p>3-31  <input checked="" type="checkbox"/> Nonpriority creditor's name and mailing address  <u>JOEL PREHN</u>  <u>2572 NEWCOMBE ST</u>  <u>LAKEWOOD CO 80215</u></p> <p>Date or dates debt was incurred _____            Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>51,188</u>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>MONIES LENT</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

33	2	Nonpriority creditor's name and mailing address KENT PRECISION FOODS GROUP INC.  734128 NETWORK PL CHICAGO IL 60673-4128	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 2,776
		Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: INVENTORY  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
33	3.33	Nonpriority creditor's name and mailing address LIBERTY ORCHARDS INC.  PO BOX C CASHMERE WA 98815	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 34,877
		Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: INVENTORY  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
33	4	Nonpriority creditor's name and mailing address MARICH CONFECTIONARY  2101 BERT DR SALINAS CA 95023	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 13,709
		Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: INVENTORY  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
33	5	Nonpriority creditor's name and mailing address MARKET SPICE  PO BOX 2935 REDMOND WA 98073	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 17,296
		Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: INVENTORY  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
33	6	Nonpriority creditor's name and mailing address PETERS GOURMET (FKA DK)  4499 IVANREST AVE STE G GRANDVILLE MI 49419	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 13,550
		Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: INVENTORY  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>33.7 Nonpriority creditor's name and mailing address  <u>PIONEER PACKAGING</u>  <u>6006 S 228TH ST</u>  <u>KENT WA 98032</u></p> <p>Date or dates debt was incurred _____  Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>5,199</u>  Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed  <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>INVENTORY</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
<p>33.8 Nonpriority creditor's name and mailing address  <u>PRIMROSE</u>  <u>4111 W PARKER</u>  <u>CHICAGO IL 60639</u></p> <p>Date or dates debt was incurred _____  Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>8,527</u>  Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>INVENTORY</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
<p>33.9 Nonpriority creditor's name and mailing address  <u>ROOTSTOCK TRADING</u>  <u>15 THE OLD ROAD</u>  <u>NEWTON CT 06470</u></p> <p>Date or dates debt was incurred _____  Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>21,292</u>  Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>INVENTORY</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>
<p>3.40 Nonpriority creditor's name and mailing address  <u>ROSES BRANDS</u>  <u>101 ERIE BLVD</u>  <u>CANAJOHARIE NY 13317</u></p> <p>Date or dates debt was incurred _____  Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>3,564</u>  Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>INVENTORY</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>
<p>3.41 Nonpriority creditor's name and mailing address  <u>SCONZA CANDY CO.</u>  <u>1 SCONZA LANE</u>  <u>OAKDALE CA 95361</u></p> <p>Date or dates debt was incurred _____  Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>3,240</u>  Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>INVENTORY</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>

Amount of claim

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3	47	Nonpriority creditor's name and mailing address ZIYAD BROS. IMPORTING INC.  5400 W 35TH ST CICERO IL 60804  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>INVENTORY</u>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$ 18,720
3		Nonpriority creditor's name and mailing address  _____ _____ _____  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3		Nonpriority creditor's name and mailing address  _____ _____ _____  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3		Nonpriority creditor's name and mailing address  _____ _____ _____  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3		Nonpriority creditor's name and mailing address  _____ _____ _____  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. ERIC WALL COMMERCIAL RECEIVERS INC. (804) 823-8255	Line 3.128 <input type="checkbox"/> Not listed. Explain EMPIRE	— — — —
4.2. CAINE WEINER 5805 SEPULVEDA BLVD 4TH FL SHERMAN OAKS CA 91411	Line 3.34 <input type="checkbox"/> Not listed. Explain MARICH	— — — —
4.3. RENTON COLLECTIONS PO BOX 272 RENTON WA 98057-0272	Line 3.35 <input type="checkbox"/> Not listed. Explain MKT SPICE	— — — —
4.4. RICHARD JAMES & ASSOCS. INC. 4317 NE THURSTON WAY STE 270 VANCOUVER WA 98662	Line 3.40 <input type="checkbox"/> Not listed. Explain ROSES	— — — —
41. BARR CREDIT SERVICES 3444 N COUNTRY CLUB RD TUCSON AZ 85716	Line 3.55 <input type="checkbox"/> Not listed. Explain ANDRE PROST INC.	— — — —
4.5. COSTELLO SURY ROONEY PC ONE LINCOLN CTR STE 1670 OAKBROOK TERRACE IL 60181	Line 3.111 <input type="checkbox"/> Not listed. Explain CHICAGO	— — — —
4.6.	Line <input type="checkbox"/> Not listed. Explain	— — — —
4.7.	Line <input type="checkbox"/> Not listed. Explain	— — — —
4.8.	Line <input type="checkbox"/> Not listed. Explain	— — — —
4.9.	Line <input type="checkbox"/> Not listed. Explain	— — — —
4.10.	Line <input type="checkbox"/> Not listed. Explain	— — — —
4.11.	Line <input type="checkbox"/> Not listed. Explain	— — — —

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 0
5b. Total claims from Part 2	5b. +	\$ 893,908
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 893,908

Fill in this information to identify the case:

Debtor name CLAYTON KENDRICK, INC.

United States Bankruptcy Court for the: WESTERN District of WASH.  
(State)

Case number (if known): 24-12597 Chapter 7

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.5

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Fill in this information to identify the case:**

Debtor name CLAYTON KENDRICK, INC.

United States Bankruptcy Court for the: WESTERN District of WASH.  
(State)

Case number (If known): 24-12597

☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1 <u>BRETT CANFIELD</u>	<u>6228 3RD AVE NW</u> Street <u>SEATTLE</u> <u>WA</u> <u>98107</u> City State ZIP Code		<u>ALLIANCE PCKG</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 <u>"</u>	<u>"</u> Street  City State ZIP Code		<u>SWEET CANDY</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 <u>"</u>	<u>"</u> Street  City State ZIP Code		<u>ZIYAD BROS.</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4 <u>"</u>	<u>"</u> Street  City State ZIP Code		<u>MKT SPICE</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5 _____	_____ Street  City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 _____	_____ Street  City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G